

# APPLICANT'S INFORMATION TO BE KEPT CONFIDENTIAL

MC-410

<b>APPLICANT (name):</b> APPLICANT is <input type="checkbox"/> Witness <input type="checkbox"/> Juror <input type="checkbox"/> Attorney <input type="checkbox"/> Party <input type="checkbox"/> Other (Specify) Person submitting request (name): APPLICANT'S ADDRESS:  TELEPHONE NO.:		<b>FOR COURT USE ONLY</b>
<b>NAME OF COURT:</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
JUDGE:		
CASE TITLE		DEPARTMENT:
<b>REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES AND RESPONSE</b>		CASE NUMBER:

**Applicant requests accommodation under rule 989.3 of the California Rules of Court, as follows:**

1. Type of proceeding: ☐ Criminal ☐ Civil
2. Proceedings to be covered (for example, bail hearing, preliminary hearing, trial, sentencing hearing, family, probate, juvenile):
3. Date or dates needed (specify):
4. Impairment necessitating accommodation (specify):
5. Type or types of accommodation requested (specify):
6. Special requests or anticipated problems (specify):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE)
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## RESPONSE

The accommodation request is **GRANTED** and the court will provide the

- ☐ requested accommodation, in whole  
☐ requested accommodation, in part (specify below):  
☐ alternative accommodation (specify below):

For the following duration:

- ☐ For the above matter or appearance  
☐ From (dates): \_\_\_\_\_ to \_\_\_\_\_  
☐ Indefinite period

Date:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE)
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☐ SIGNATURE FOLLOWS THE LAST PAGE OF THE RESPONSE.